

K08 2387

510(k) Summary Statement

DEC 04 2008

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| Submitter: | American Medical Systems (AMS) 10700 Bren Road West Minnetonka, MN 55343 |
| Contact Person: | Sarah Peterson Phone: 952.930.6431 Fax: 952.930.5785 |
| Device Common Name: | Surgical Mesh |
| Device Trade Name: | Apogee and Perigee Systems with IntePro Lite and InteXen LP, Part of the AMS Pelvic Floor Repair System |
| Device Classification/ Classification Name: | Class II, 21 CFR Part 878.3300 Surgical Mesh, polymeric (OTP, PAI) |
| Predicate Device: | Apogee and Perigee Systems with IntePro Lite and InteXen LP (K051485), Part of the AMS Pelvic Floor Repair System |

Indications for Use

AMS Pelvic Floor Repair System is intended for use where the connective tissue has ruptured or for implantation to reinforce soft tissues where weakness exists in the urological, gynecological and gastroenterological anatomy. This includes but is not limited to the following procedures: pubourethral support, including urethral slings for the treatment of incontinence, vaginal wall prolapse repairs including anterior and posterior wall repairs, vaginal suspension, reconstruction of the pelvic floor and tissue repair.

Device Description

The Apogee and Perigee Systems with IntePro Lite and InteXen LP are sterile, single use procedure kits that consist of stainless steel, curved needle passers and an implantable mesh assembly.

Summary of Testing

The components of the Apogee and Perigee Systems with IntePro Lite and InteXen LP have been tested for biocompatibility and performance requirements and found to be substantially equivalent to the predicate devices.



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room -WO66-G609
Silver Spring, MD 20993-0002

American Medical Systems (AMS)
%. Ms. Sarah Peterson
10700 Bren Road West
MINNETONKA MN 55343

SEP 28 2012

Re: K082387

Trade/Device Name: Apogee and Perigee Systems with IntePro Life and InteXen LP, Part
of the AMS Pelvic Floor Repair System

Regulation Number: 21 CFR 878.3300

Regulation Name: Surgical mesh

Regulatory Class: II

Product Code: OTP, PAI

Dated: November 3, 2008

Received: November 4, 2008

Dear Ms. Anderson:

This letter corrects our substantially equivalent letter of December 4, 2008.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

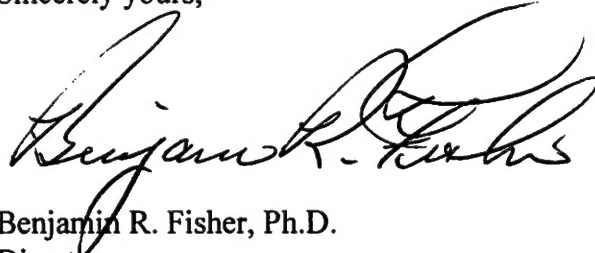
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Benjamin R. Fisher". The signature is fluid and cursive, with the first name "Benjamin" being the most prominent.

Benjamin R. Fisher, Ph.D.

Director

Division of Reproductive, Gastro-Renal,
and Urological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

K082387

Indications for Use Statement

510(k) Number:
(if known)

Device Name: Apogee and Perigee Systems with IntePro Lite and
InteXen LP, Part of the AMS Pelvic Floor Repair
System

Indications For Use: AMS Pelvic Floor Repair System is intended for use
where the connective tissue has ruptured or for
implantation to reinforce soft tissues where weakness
exists in the urological, gynecological and
gastroenterological anatomy. This includes but is not
limited to the following procedures: pubourethral
support, including urethral slings for the treatment of
incontinence, vaginal wall prolapse repairs including
anterior and posterior wall repairs, vaginal
suspension, reconstruction of the pelvic floor and
tissue repair.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE
IF NEEDED

Concurrence of CDRH, Office of Device Evaluation (ODE)

Nikhil D. Sharma
(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

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